MIAMI-DADE HOUSING AGENCY
REASONABLE ACCOMMODATION VERIFICATION

Head of Household: _____ Client No: _____
(PRINT NAME)

Re: Reasonable Accommodation Request

For: _____ Telephone: (____)_____
(PRINT NAME OF HOUSEHOLD MEMBER FOR WHOM THE REQUEST IS BEING MADE)

Name of Verification Source: _____
(PRINT NAME)

Address of Verification Source: _____

PLEASE RETURN TO: _____
(Name of MDHA Employee)

_____
(Address of MDHA Employee)

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE DESIGNATED VERIFICATION SOURCE:

1. The individual seeking an accommodation is a person with a disability according to the following definition:

A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment, or being regarded as having such an impairment.

[ ] YES [ ] NO

2. The person for whom the reasonable accommodation is requested requires some change(s) or special feature(s) in a Miami-Dade Housing Agency (MDHA) dwelling, building or property

[ ] YES [ ] NO

3. The person for whom the reasonable accommodation is requested requires assistance with, or change in, a MDHA practice, rule, policy, procedure, program or service.

[ ] YES [ ] NO

Describe the problem (if applicable) that the person for whom the reasonable accommodation is requested is having with a MDHA dwelling, building, property, practice, rule, policy, procedure, program or service:

If applicable, please indicate what features or conditions in the present dwelling worsen the requestor's present condition:

MIAMI-DADE HOUSING AGENCY
REASONABLE ACCOMMODATION VERIFICATION

If applicable, please indicate what features or conditions must be present in any dwelling in which the requestor might live:

Describe the type of change(s), feature(s) or assistance required:

Please describe the relationship between the functional limitation(s) of the person for whom the accommodation is requested and the requested accommodation**.** Do not provide unnecessary details about the medical history or disabled status of the person seeking an accommodation.

Please indicate, if known and applicable, where any requested, specialized equipment may be obtained.

[ ] YES [ ] NO

Name of Verification Source: _____
(PRINT NAME)

Signature: _____ Date: _____/____/_____

Title of Verification Source: _____

Address: _____

Phone: _____ Fax: _____

If you have any questions about filling out this form, please call: (____)_____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
LIVE-IN AIDE AGREEMENT

Client Number: _____

I, _____, residing at _____
(Print Head of Household's (HOH) Name) *(Print Address)*

request Miami-Dade Housing Agency's (MDHA) approval for live-in-aide services provided by

_____, Social Security Number_____,
(Print Live-in Aide's Name)

Date of birth:___/___/___

The household member requiring Live-In Aide assistance is _____.
(Print Household Member's Name)

The live-in-aide is a person who resides with one or more elderly persons (at least 62 years of age), or near elderly persons (at least 50 years of age but below the age of 62) or persons with disabilities (see definition in Live-In Aide Verification form), and who is: (a) 18 years of age or older, (b) is determined to be essential to the care and well-being of the person; (c) is not obligated for the support of the person; and (d) would not be living in the unit except to provide the necessary supportive services.

As a condition to obtaining MDHA's approval, the live-in-aide and the Head of Household hereby acknowledge and agree to the following:

1. Move in of a live-in-aide must not result in overcrowding of the existing unit according to the maximum number of persons per unit standard; although a reasonable accommodation for a resident with a disability may be to move the family to a larger unit. If change in unit size is necessitated by this request, please indicate change in number of bedrooms: from ____bedrooms, to _____bedrooms;
2. Live-in aides must meet MDHA's screening requirements. The live-in-aide agrees to provide any information that MDHA deems necessary to conduct a criminal background screening. Permission to reside in the unit as a live-in-aide may be denied based on the results of this screening;
3. Before a live-in-aide may be moved into a unit, a third party verification must be supplied that establishes the need for such care and the fact that the live-in-aide is qualified to provide such care (Live-in Aide Verification form);
4. A live-in-aide is a single person. This agreement does not confer the right for any additional person, other than an approved live-in-aide, to reside in the household. As a reasonable accommodation for a resident with a disability, MDHA may review this provision on case-by-case basis, should this provision conflict with a resident's bona fide right to a live-in-aide;
5. If the household member requiring assistance no longer resides in the unit, the live-in-aide shall not remain on the premises. If the verification source determines that the live-in-aide is no longer essential to the care and well-being of the household member, this agreement will be terminated, and the live-in-aide shall vacate the unit within 14 days after MDHA has given reasonable notice to the household member requiring assistance that the verification source has made such determination;
6. If the household member requiring assistance passes away, the live-in aide shall vacate the unit within 14 days of said household member's death. If the household member requiring assistance moves out, the live-in-aide shall vacate the unit no later than said

household member's departure date. Upon the termination of the live-in-aide's services for any other reason, the live-in-aide shall vacate the unit within 24 hours;

7. The Live-In Aide must be listed as a household member (not part of the family composition, regardless of the relationship) on the resident's lease and shall not violate any provisions of the lease, the Community Policies, or applicable laws. Should such violation occur, MDHA may require the resident to terminate the services of the live-in-aide or face possible termination of the lease;
8. MDHA will consider allowing relative live-in-aides under unusual circumstances and upon approval of the Director or his/her designee. Relatives who satisfy the definitions and stipulations above may qualify as live-in-aides, but by signing this agreement, they acknowledge their understanding that they are relinquishing all rights to the unit as the remaining member of a resident family, or under any other circumstance. If a relative wants to have remaining family status, his or her income will be considered as part of the family's annual income. In such a case, the relative will be considered an addition to the family composition who is allowed to be added as a reasonable accommodation, (not a live-in aide) as the income of a live-in aide must be excluded.

Head of Household's signature: _____Date: ___/___/___.

Live-in Aide's signature: _____Date: ___/___/___.

Name, address and telephone number of company or organization providing the live-in-aide service (if applicable): _____

_____

Name, address, telephone and fax number of verification source who will complete the Live-in Aide Verification form: _____

_____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
LIVE-IN AIDE VERIFICATION

DATE: ____/____/____.

TO: _____ _____
Print Name of Verification Source *Address of Verification Source*

Phone: (_____)_____Fax:( )_____
Phone and Fax of Verification Source

FROM:_____ _____
Print MDHA Employee's Name *MDHA Employee's Office Address*

Phone: (_____)_____Fax:( )_____
Phone and Fax of MDHA Employee

SUBJECT: LIVE-IN AIDE SERVICES

NAME:_____
(Head of household (HOH))

SS #: _____ Client #:_____

ADDRESS:_____

NAME:_____
(Print name of household member for whom the Live-in Aide is requested)

REQUESTED LIVE-IN AIDE INFORMATION:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

The HOH named above has applied for, or is a participant in, a housing program provided by Miami-Dade Housing Agency (MDHA). The HOH has requested a Live-in Aide. The HOH must obtain verification that the household member for whom the request was made (Household Member) qualifies for, and requires, a Live-in Aide, and that the Live-in Aide is qualified to provide the appropriate services to the Household Member. We would appreciate your cooperation in answering the questions on this form and returning it to the MDHA employee listed above in the self-addressed and stamped envelope provided. A consent for the release of the requested information will be required.

DEFINITION OF PERSON WITH DISABILITIES

Under federal law, an individual is disabled if he/she has a physical, mental or developmental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. This definition includes individuals who are impaired by drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholics, but not people who pose a direct threat to the health, safety and right to peaceful enjoyment of the premises by other residents.

MIAMI-DADE HOUSING AGENCY
LIVE-IN AIDE VERIFICATION

INFORMATION REQUESTED

1. Is the Household Member disabled as defined above? [ ] YES [ ] NO

2. Is a live-in aide essential to the care and well-being of the Household Member?
   [ ] YES [ ] NO If yes, for how long? _____

3. If the response to question # 2 is "Yes", then please explain how a live-in aide would be essential.

   _____

   _____

4. Please describe the specific activities of daily living with which the live-in aide would provide assistance and how the aide would provide the assistance.

   _____

   _____

5. Does the Household Member require a live-in aide on a temporary basis?
   [ ] YES [ ] NO

6. If the response to question # 4 is "Yes", please provide an estimate of the duration of time (in months and/or years) during which the live-in aide must provide services that are essential to the care and well-being of the Household Member.

   _____

7. Is the requested live-in aide service provider qualified to provide services that are essential to the care and well-being of the Household Member? [ ]YES [ ] NO

STATEMENT OF VERIFICATION SOURCE

The person signing below certifies that the information provided in the section above ("Information Requested") is true and accurate. The person signing below must enclose a written statement on his/her professional stationary indicating his/her title and area of specialization.

I, _____ do hereby certify that the information provided
(Print Name)
above is correct and accurate to the best of my professional knowledge.

_____ Date ____/____/____
(Signature)

_____
(Title)

Name of organization or company: _____

This form is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
AUXILIARY AIDS REQUEST

Head of Household (if applicable): _____
(PRINT NAME)

Address: _____ Client #:_____

Phone: (____)_____

Requestor: _____
(PERSON REQUESTING AUXILIARY AID IF OTHER THAN HEAD OF HOUSEHOLD, PRINT NAME)

Miami-Dade Housing Agency (MDHA) takes appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public.

Auxiliary aids include, but are not limited, to providing the following items or services when necessary for effective communication between MDHA and persons including, but not limited to, MDHA applicants, residents or program participants:

1. A qualified sign language interpreter,
2. Telecommunication Device for the Deaf (TDD),
3. Assisted Listening Device (ALD),
4. A reader,
5. Printed materials in Braille,
6. Printed materials in large print,
7. Audiotape versions of print materials.

MDHA furnishes appropriate auxiliary aids where necessary to afford an individual with disabilities an equal opportunity to participate in, and enjoy the benefits of, its programs or activities. In determining what auxiliary aids are necessary, MDHA shall give primary consideration to the requests of the individual with disabilities.

MDHA is not required to provide individually prescribed devices, readers for personal use or study, or other devices of a personal nature (including, but not limited to, personal hearing aids, walkers, canes, or wheelchairs).

THE FOLLOWING IS TO BE COMPLETED BY THE MDHA STAFF PERSON

1. Type of auxiliary aid requested: _____

2. If a sign language interpreter is requested, obtain the following information:

    a. Address where the interpreter needs to be:

    _____

    b. Date and time the interpreter is needed: _____

    c. How long (in hours) the interpreter is needed: _____

    d. What kind of interpreter is needed (e.g. American Sign Language (ASL), Signed English or oral interpretation):

    _____

MIAMI-DADE HOUSING AGENCY
AUXILIARY AIDS REQUEST

3. If an assistive listening device is requested, ask what type is required:

   _____

4. If materials in large print format are requested, ask what font size (if known) and font style (if known) the person requests:

   _____

5. If printed materials in audio tape format are requested, ask what language the person requests:

   _____

6. Following is additional information that is necessary for providing the requested for auxiliary aid:

   _____

   _____

The MDHA staff person obtaining information regarding auxiliary aids may direct questions to the ADA Coordinator listed below.

Individuals may obtain a copy of the MDHA Reasonable Accommodation Policies and Procedures, upon request, from Applicant and Leasing Center Eligibility Interviewers, Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and the ADA Coordinator. You may also get additional copies of this request form from the ADA Coordinator:

ADA Coordinator
1401 N.W. 7th Street, Building F
Miami, Florida 33125
(305) 644-5187 phone
(305) 644-5113 fax
Florida Relay Service: (800) 955-8771 (TDD/TTY)

Name of MDHA employee taking the request: _____
(PRINT NAME)

Phone: (____)_____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
AUTHORIZATION FOR RELEASE OF INFORMATION

RE: Household member with disability: _____

I hereby authorize the release of information to Miami-Dade Housing Agency regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

I hereby authorize _____ to consult with representatives of the Miami-Dade Housing Agency, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as a individual with a disability for the sole purpose of this reasonable accommodation request.

For purposes of this Release, a "Qualified Individual With a Disability" is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having an impairment

"A Physical or Mental Impairment" is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; **or**
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

The term "Physical or Mental Impairment" includes, but is not limited to, such diseases and conditions as visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

"Major Life Activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"Has a Record of Such an Impairment (mental or physical)" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

"Is Regarded As Having an Impairment" means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, **but** is treated by a recipient as constituting such a limitation.

2. Has a physical or mental impairment that substantially limits one or more major life activities **only as a result of** the attitudes of others toward the impairment.

3. Has none of the impairments defined by Section 504's definition of "physical or mental impairment", **but** is treated by a recipient as having such an impairment.

In addition, I authorize _____ to provide only documentation that is necessary to verify that I meet the definition of a "Qualified Individual with a Disability", as defined above.

MIAMI-DADE HOUSING AGENCY
AUTHORIZATION FOR RELEASE OF INFORMATION

This Authorization solely authorizes the release of information necessary to verify the following:

1. Documentation necessary to verify that the person meets the definitions noted above;
2. A description of the needed accommodation; and,
3. A description of the identifiable relationship between my disability and the requested accommodation(s).

This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does **not** authorize the Miami-Dade Housing Agency to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability.

The information/documentation released as a result of this Authorization shall be kept confidential and not shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

_____
Name of Family Member/Parent/Legal Guardian [Print]

_____ _____
Signature Date

_____
Relationship to Resident

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(1) Name of Health Care Provider/Documenting Authority:
_____

(2) Address of Health Care Provider/Documenting Authority:
_____
_____
_____

(3) Telephone Number of Health Care Provider/Documenting Authority:
_____

(4) Facsimile Number of Health Care Provider/Documenting Authority:
_____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
LETTER TO AN APPLICANT, RESIDENT OR PROGRAM PARTICIPANT
FOR A MEETING ABOUT REASONABLE ACCOMMODATION

Date: ___/___/___

Applicant/Resident/Program Participant: _____
(PRINT NAME)

Head of Household: _____ Client No: _____
(PRINT NAME)

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME OF THE PERSON FOR WHOM THE REQUEST IS BEING MADE)

Miami-Dade Housing Agency (MDHA) has received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. You may bring someone to the meeting to help you.

We would like to meet on ___/___/___.

If you cannot come at that time, please call us at ____ a.m./p.m. ___/___/___ on to arrange another time.

At this meeting, we will talk about the following matter related to the reasonable accommodation request:

_____

_____

Please come ready to talk about the above matter. Please bring copies of any information you think might help us understand what you need.

We look forward to meeting with you. Thank you.

_____ _____
MDHA Employee (Print Name) Title (Print)

_____ (_____)_____
MDHA Employee's Signature Phone number

_____
MDHA Return Address

If you require a sign language interpreter, materials in an accessible format, a meeting place that is wheelchair accessible or other special features, please call the MDHA at least five days in advance.

MIAMI-DADE HOUSING AGENCY
REQUEST FOR MORE INFORMATION OR
VERIFICATION REGARDING A REASONABLE ACCOMMODATION

Date: ___/___/___

To (Head of Household/Verification Source): _____

Head of Household's Client No: _____

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME)

We have received a request for a reasonable accommodation. We need to know more about the following matter related to the reasonable accommodation request before we can make a final determination:

_____

_____

We need to know more because:

_____

_____

Here are some ways you could give us more information:

_____

_____

If these ways are a problem for you, there may be some other ways to provide the information we need. We will be happy to talk to you about other ideas you may have.

If you think that you have already given us this information or if you think we should not ask for this kind of information, please call us at _____. Also, please call if you have any other questions.

Thank you.

_____ _____
MDHA Employee (Print Name) Title (Print)

_____
MDHA Employee's Signature

_____
MDHA Return Address

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
LETTER TO VERIFICATION SOURCE FOR
A REASONABLE ACCOMMODATION REQUEST

Date: ___/___/___

Head of Household: _____ Client No: _____
(PRINT NAME)

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME OF THE PERSON FOR WHOM THE REQUEST IS BEING MADE)

Name of Verification Source: _____
(PRINT NAME)

Address of Verification Source: _____

To Whom It May Concern:

Enclosed with this correspondence is an Authorization for Release of Information signed by the above-listed disabled head of household, disabled member of household or an authorized representative of the disabled head of household or disabled member of household and either a Reasonable Accommodation Request or Live-in Aide Agreement form. The head of household or other party as indicated above asked that you verify that he or she, for whom the reasonable accommodation is requested, is disabled. The head of household or other party as indicated above also indicated that the he or she requires a reasonable accommodation related to his or her housing, a Miami-Dade Housing Agency (MDHA) building or property, or a MDHA program or service.

State, federal and local laws require housing providers to make reasonable accommodations or changes to either the dwelling, common areas, or to rules, policies and procedures (not essential terms of the lease) if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the dwelling and other facilities or programs at the site. Please note that such changes must be necessary as a result of the person's disability.

The head of household, or other party as indicated above, has requested the accommodation described on either the enclosed Reasonable Accommodation Request or Live-in Aide Agreement form. Please indicate on either the enclosed Reasonable Accommodation Verification form or Live-in Aide Verification form (as applicable) whether you believe the individual requesting the accommodation has a disability within the definition provided, and whether the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person. If part of the reasonable accommodation plan includes services to be provided by your organization, please indicate whether your organization will provide those services.

This form should <u>not</u> be used to divulge the person's diagnosis or any other information that is not <u>directly relevant</u> to the request for an accommodation.

You can call the employee indicated below at (305) _____ if you have any questions.

_____ _____
MDHA Employee Name and Title (Print) Employee Signature

_____
Please return the completed forms to the above MDHA address

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
APPROVAL/DENIAL OF REASONABLE ACCOMMODATION

Date: ___/___/___

Head of Household: _____ Client No: _____
(PRINT NAME)

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME OF THE HOUSEHOLD MEMBER FOR WHOM THE REQUEST IS BEING MADE)

Miami-Dade Housing Agency (MDHA) has reviewed your request for a reasonable accommodation, the verification from your verification source and all other documents related to your request. Based on all the information you have provided, MDHA has made the following determination in response to your request:

- ❑ Your request has been approved.

  The projected date for providing your requested accommodation is ____/____/____
  If no projected date was indicated above, MDHA will inform you of the date as soon as we have that information.

- ❑ Your request has been denied, but MDHA will provide the following, alternate accommodation for the following reason(s):

_____

_____

- ❑ Your request has been denied.

Your request has been denied for the following reason(s):

_____

If you have questions about this decision, you may call (305) 644-5187 (phone) - Florida Relay Service (800) 955-8771 (TDD/TTY), and ask to speak to the ADA Coordinator.

If you disagree with the above decision, you may request a Reasonable Accommodation Grievance and Appeal Hearing by submitting a request which may be written, oral or by any other means of communication accessible to you. The title, address and phone number of the contact person for scheduling a Reasonable Accommodation Grievance and Appeal Hearing is:

ADA Coordinator
1401 N.W. 7th Street, Building F
Miami, Florida 33125
(305) 644-5187 (office)
Florida Relay Service: (800) 955-8771 (TDD/TTY)

MDHA's Reasonable Accommodation Grievance and Appeal Hearing Committee shall convene the settlement conference within thirty (30) working days of the receipt date of the request. The Reasonable Accommodation Grievance and Appeal Hearing Committee is composed of the members of the Section 504/ADA Policy Committee appointed by the MDHA Director. The Section 504/ADA Policy Committee members are MDHA Division Directors and other applicable staff whose responsibilities include matters related to Section 504/ADA. Although the ADA Coordinator is a standing member of this committee, during Reasonable Accommodation

Grievance and Appeal Hearings, the ADA Coordinator's role is only to provide information regarding the contested decision. During these hearings, the ADA Coordinator cannot cast a vote regarding the contested decision.

You may bring documents, witnesses and/or representatives to the Reasonable Accommodation Grievance and Appeal Hearing in order to contest the manner in which a reasonable accommodation is proposed to be (or was) implemented, the denial of a reasonable accommodation request, or any other appropriate disability-related decision made my the ADA Coordinator.

The determination of the Reasonable Accommodation Grievance and Appeal Hearing Committee is final.

If you wish to contest an adverse action pursuant to the Reasonable Accommodation Grievances and Appeals section, but do not want to do so by requesting a Hearing, you may follow the *Miami-Dade Grievance Process, Americans with Disabilities Act of 1990* outlined in Attachment Three of Miami-Dade County Administrative Order Number 10-10. The Miami-Dade County grievance process serves "…as the County's mechanism to respond to complaints of discrimination on the basis of a disability in County programs and services under the Americans with Disabilities Act of 1990 (ADA)." For additional information on that process, you may contact the ADA Coordinator as indicated above.

You may also contact the local office of the United States Department of Housing and Urban Development concerning any complaints regarding your reasonable accommodation request:

United Stated Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
909 S.E. 1st Avenue
Miami, FL 33131
(305) 536-4479
TDD/TTY: (305) 536-4743

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
RELEASE OF DISABILITY-RELATED SPECIAL NEEDS
IN CASE OF EMERGENCY EVACUATION

Head of Household:_____ Phone: (____)_____
(PRINT NAME)

Address: _____ Client #:_____

1. The following is the name of the household member with a disability who will need assistance in the event of an emergency:

   Name: _____

2. The person listed above requires the following assistance (due to disability) in case of an emergency (please be sure to include any assistance you may need because of special equipment you use due to your disability):

   _____

   _____

3. The person listed above has asked that assistance or medical care be provided in the event of an emergency.

4. The person indicated below authorizes MDHA to provide the information above to the appropriate police and/or fire department(s) that identifies the special needs that the disabled household member requires (due to disability) in case of an emergency. The person indicated below also indicates that they have authority to release this information.

Name: _____
(PRINT NAME)

Relationship to the person listed in item 1: _____

Signed: _____ Date: _____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
REASONABLE ACCOMMODATION SCRIPT

This is to advise you, in simple terms, what a disability is, what a reasonable accommodation is, and the fact that people with disabilities have a right to ask for reasonable accommodations.

A disability is a physical or mental impairment that makes it difficult or impossible for you to do things like taking care of yourself, using your hands, walking, seeing, hearing, speaking, breathing or learning.

A reasonable accommodation is something Miami-Dade Housing Agency (MDHA) is required to give you or let you do to make it easier for you to get to and live in our housing, and participate in our programs.

Some things that must happen for you to get a reasonable accommodation, are for you to give MDHA enough information, if we need it, about whether you are a person with a disability and to give MDHA proof, if we need it, that you really need the reasonable accommodation you ask for.

Even if you don't have proof yet that you are a person with a disability, you have a right to ask for a reasonable accommodation.

Some things that might be a reasonable accommodation include:

- Being allowed to mail your rent to MDHA instead of going to the site or management office.
- Having someone from MDHA go to your house, instead of you having to go to an MDHA office, to get a service.
- Getting a ramp installed leading to your front or back door, having grab bars put in your bathroom, or having some other repair or change done to your home.
- Having a repair or change done to a laundry room, community center, management office or other building owned by MDHA so that you can go there and use the programs and services there.
- Having a sign language interpreter available upon request.
- Getting important MDHA papers in Braille or large print or on tape.

To get a reasonable accommodation, you must ask for it. If you can't write your request on the papers we have or need help filling them out, you can ask a MDHA employee for help.

MDHA will give you an answer as soon as possible.

MDHA will let you know if we need more information, or if there are other ways to meet your needs.

If MDHA turns down your request, MDHA will explain why, and you can provide more information if you think that will help. MDHA will also advise you of your appeal rights if your request is denied.

It is the policy of MDHA to protect all of your health information. This means that we cannot release your information without your written consent nor will we share this information with anyone who does not need to know your health information.

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

MIAMI-DADE HOUSING AGENCY
ACKNOWLEDGEMENT OF RECEIPT OF REASONABLE ACCOMMODATION DOCUMENTS

By signing my name below and writing my initials in front of the names of the forms and documents I have received, I indicate that I have received the following documents:

Name (print): _____ Date: ____/____/____

Signature: _____

____ Notice of Nondiscrimination on the Basis of Disability

____ Reasonable Accommodation Information

____ Notice of Right to a Reasonable Accommodation

____ Reasonable Accommodation Request and Examples of Reasonable Accommodation

____ Authorization for Release of Information

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

REASONABLE ACCOMMODATION INFORMATION
MIAMI-DADE HOUSING AGENCY

Miami-Dade Housing Agency (MDHA) is committed to making sure that its applicants, residents and programs participants have information for making reasonable accommodation requests. MDHA has posted a copy of its Reasonable Accommodation Policy and Procedures in conspicuous locations at the applicant, resident and program participant waiting areas of the MDHA Applicant and Leasing Center, Mobility Pool Center, Section 8 Offices, Regional Offices of the MDHA; the offices of MDHA's private management companies; and, the management office in each public housing development. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the ADA Coordinator.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

Some examples of reasonable accommodations include (but are not limited to): grab bars installed in bathrooms, ramps installed at entrance doors of dwellings, using an assistive animal (also called a service, therapeutic, or support animal) such as a seeing-eye dog, visual and audible alarms for individuals who are deaf or hard of hearing, widening doorways, lever-type door hardware, live-in aids, transfers to another dwelling (with proof that this is needed because of disability), and being given MDHA documents in an accessible format like Braille or large print.

Use the following forms to request a reasonable accommodation and make sure you complete the forms to the best of your ability. By completing these forms you will help us understand how we can best assist you. If you are unable to do so, then please ask MDHA for assistance to complete the forms. Please be advised that in order for MDHA to assist you, we also need you to complete the *Authorization for Release of Information* form:

1. *Reasonable Accommodation Request*. This is used to make any request other than a request for a live-in aide.

2. *Live-in Aide Agreement*. This is used if you need a live-in aide. A live-in aide is some who only lives in the unit to assist the resident or program participant who is elderly or is a person with a disability.

If you are a Public Housing or Section 8 Housing Choice Voucher program participant, and have not yet been determined eligible, you may request a *Reasonable Accommodation Request* form by writing to the Applicant and Leasing Center Chief or calling the Applicant and Leasing Center:

Attention: Chief, Applicant and Leasing Center (ALC)
Miami-Dade Housing Agency ALC
2925 N.W. 18th Ave.
Miami, FL 33142
(305) 638-6464
Florida Relay Service: (800) 955-8771 (TDD/TTY)

If you are a Public Housing resident, you may request a *Reasonable Accommodation Request, Live-in Aide Agreement*, or *Release of Disability-Related Special Needs in Case of Emergency Evacuation* form from your Site Manager.

REASONABLE ACCOMMODATION INFORMATION
MIAMI-DADE HOUSING AGENCY

If you are a Section 8 Housing Moderate Rehabilitation or Family Unification Program applicant, but you have not yet been determined eligible, or if your are a Section 8 Housing Choice Voucher, Section 8 Housing Moderate Rehabilitation, or Family Unification Program participant, you may request a *Reasonable Accommodation Request,* or *Live-in Aide Agreement* form from a Leasing and Contract Specialist by contacting the Section 8 team to which you have been assigned. You can find out which team that is by calling (305) 250-5250.

If you are a participant in any other MDHA program and want to request a reasonable accommodation, you may ask for a *Reasonable Accommodation Request* form from the MDHA employee who assists you.

Return all completed forms to the same person who gave them to you.

Individuals may obtain a copy of the MDHA Reasonable Accommodation Policies and Procedures, upon request, from Applicant and Leasing Center Eligibility Interviewers, Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and the ADA Coordinator.

ADA Coordinator
1401 N.W. 7th Street, Building F
Miami, Florida 33125
(305) 644-5187 phone
(305) 644-5113 fax
Florida Relay Service: (800) 955-8771 (TDD/TTY)

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 644-5187 (phone) – Florida Relay Service (800) 955-8771 (TDD/TTY).

Attachment Three

MIAMI-DADE GRIEVANCE PROCESS
AMERICANS WITH DISABILITIES ACT OF 1990

Creation

This grievance procedure shall serve as the County's mechanism to respond to complaints of discrimination on the basis of a disability in County programs and services under the Americans with Disabilities Act of 1990 (ADA). This procedure shall not apply to complaints of discrimination in employment. Employment discrimination complaints are handled by the Affirmative Action Office.

Opportunity for Complaint

Any individual who feels that they have been discriminated against in the provision of a program or service operated by Miami-Dade County shall have the ability to file a formal grievance, have the grievance responded to, and have the right to request an appeal if they are dissatisfied with the resolution of their grievance. The procedures to be followed in filing a formal grievance shall be available and accessible to the general public.

Coordination of Procedure

The Miami-Dade County Office of ADA Coordination, 111 N.W. 1st Street, 12th Floor #348, shall be the agency responsible for coordinating the County's grievance procedure and will serve as the conduit between the grievant and the department against whom the complaint is made. The Office will provide the department with the necessary technical assistance needed in reaching resolution of the complaint. The Office will make all attempts to assist the department in reaching an amicable resolution to the complaint; however, the office of ADA Coordination shall have no authority to direct the department in the manner in which the department ultimately decides to respond to the complaint.

Employment discrimination complains should be sent to the Office of Fair Employment Practices, 111 N.W. 1st Street, Suite 2720.

Filing a Complaint

Any individual who feels they have been discriminated against in any program or service provided by Miami-Dade County, under provisions of the ADA, shall submit a complaint, in writing to the Office of ADA Coordination. This written complaint shall contain the following information:

1. Name, address and telephone number (if available) of the grievant.

2. The date of the occurrence.

3. The name and location of the County program and service involved in the alleged occurrence.

4. The name (if known) of the County employee with whom the grievant came in contact, if appropriate.

5. Why the individual thinks that he has been discriminated against on the basis of a disability.

Complaint Resolution

Within five (5) days of receipt of the complaint, the Office of ADA Coordination shall:

1. Inform the department of the complaint; transmit a copy of the complaint to the department with general instructions as to the format which the department should follow in their response, and a date by which the department shall return a response to the Office. The Office of ADA Coordination will review the decisions with the department before final preparation of the response.

2. The department shall have thirty (30) days from receipt of complaint from the Office of ADA Coordination to respond to the complainant. Attempts will be made by the department to clarify the facts of the grievance. The actions taken by the department shall be conveyed to the grievant in writing. This letter, addressed to the grievant and signed by the Department, shall be transmitted to the Office of ADA Coordination within the specified time period. The response shall be mailed to the grievant by the Office of ADA Coordination with a cover letter informing the grievant of their ability to appeal the decision enclosed and the procedure which the grievant must follow in requesting an appeal. In no instance shall the Department mail their response directly to the grievant.

3. In the event that a complainant submits a written complaint to the operating department, the department shall send a copy of the complaint to the Office of ADA Coordination within five (5) days. That action will constitute a filing by the complainant with the Office of ADA Coordination as required in Section IV of this document. The Department will have thirty (30) days from receipt of written complaint

   to respond to complainant.

4. Where a department can solve a written complaint informally, the department will provide the Office of ADA Coordination a written statement explaining the mutually agreeable solution. It should be signed by the complainant and the department representative.

All reasonable attempts should be made by the department with the assistance of the Office of ADA Coordination to mediate and resolve the grievance.

Filing an Appeal

Any individual who is dissatisfied with the recommended resolution of their complaint may request an appeal. In requesting an appeal the individual shall, within fifteen (15) days from the date of the written recommended resolution offered by the County, submit in writing to the Office of ADA Coordination their request to appeal the decision and express their willingness to appear before an impartial panel to present their grievance.

Appeal Process

Upon receipt of a written request for an appeal, the Office of ADA Coordination shall:

1. Notify the County Manager and request that within thirty (30) days he appoint a panel of three (3) senior members of unaffected County departments to hear the complaint. The Manager shall designate one of the three panel members to serve as chairperson.

2. Set a time and place for the hearing that is convenient to the grievant, the affected department and the panel members, within twenty (20) days after the panel is appointed, if possible.

3. Instruct the department, against whom the complaint has been made, to prepare a package with all necessary information pertinent to the complaint for each panel member to review prior to hearing.

4. Monitor and tape the hearing.

At the time of the hearing both the grievant and the affected department shall have the opportunity to present their positions to the panel. The panel members will also have the opportunity to pose questions to both parties. After the affected parties have presented the facts, and after all questions posed by the panel have been answered the hearing shall be closed and the panel shall meet privately to deliberate.

Within fourteen (14) days from the date of the hearing the panel shall issue its decision. The Chairperson shall prepare the decision of the panel. The Chairperson shall send the written decision to each panel member for review and signature prior to its submission to the affected parties. The decision of the panel is final and no further appeal shall be available within the administrative branch of County government.

Recordkeeping

The Office of ADA Coordination shall maintain files on complaints received along with all communications, recommendations, and other records pertinent to the complaints for a period of at least three (3) years.

Alternative Remedies

The establishment of this grievance procedure shall not preclude nor waive the grievant's right to seek redress under any alternative remedy available.